

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

NIAD-214.1 US

First Inventor or Application Identifier

JACOBSON et al

Title

METHODS AND COMPOSITIONS USEFUL IN ENHANCING OXYGEN DELIVERY TO CELLS

Express Mail Label No.

EL649533854US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)2. ☒ Specification (preferred arrangement set forth below) Total Pages 12

- Descriptive title of the Invention

- Cross References to Related Applications

- Reference of Microfiche Appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets 44. ☒ Oath or Declaration Total Pages 3a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 C.F.R. §§  
1.63(d)(2) and 1.33 (b)

Incorporation By Reference (useable if Box 4b is checked)

5. ☐ The entire disclosure of the prior application, from which a copy of the oath or  
declaration is supplied under Box 4b, is considered to be a part of the  
disclosure of the accompanying application and is hereby incorporated by  
reference therein.6. ☐ Microfiche Computer Program (Appendix)7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)a. ☐ Computer Readable Copyb. ☐ Paper Copy (identical to computer copy)c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))9. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney10. ☐ English Translation Document (if applicable)11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations12. ☐ Preliminary Amendment13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)14. ☐ \*Small Entity Statement(s) (PTO/SB/09-12) ☒ Statement filed in prior  
application, Status is proper and  
desired15. ☐ Certified Copy of Priority Document(s)16. ☒ Other: Check For Filing Fee**\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF  
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No:

Prior application information:

Examiner:

Group / Art Unit:

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or

☒

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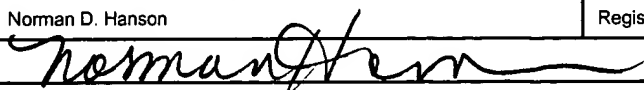
212-318-3400

Name (Print/Type) Norman D. Hanson

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30,946

Signature



Date

April 12, 2001

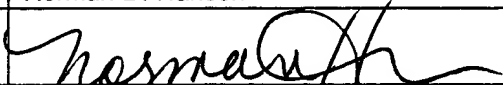
<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-214.1

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	16- 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			<b>TOTAL FEES</b>	<b>\$355.00</b>

**METHOD OF PAYMENT**

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$\_\_\_\_\_
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: April 12, 2001
		<b>Deposit Account No. 50-0624</b>